

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.

Plaintiff(s)

v.

St. Joseph County Jail et, al

Defendant(s)

Civil Action No. 3:19-cv-169

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

St. Joseph County Jail et, al
401 W. Sample St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Huffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>	
DEFENDANT <u>St. Joseph County Jail et, al</u>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>St. Joseph County Jail et, al</u>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>401 W. Sample St. South Bend, IN 46601</u>			
SERVE AT		SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<u>Jeremy Huffman Sr. #16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>		Number of process to be served with this Form 285	
		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3/4/19</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.

Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail et, al

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Captain S. Richmond
401 W. Sample St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Huffman Sr.</u>	COURT CASE NUMBER <u>3:19-cv-169</u>
DEFENDANT <u>St. Joseph County Jail et, al</u>	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
SERVE AT <u>Captain S. Richmond</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>401 W. Sample St. South Bend, IN 46601</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<u>Jeremy Huffman Sr. #16508-007</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>	
Number of process to be served with this Form 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

3/4/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

DISTRIBUTE TO:

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2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.

Plaintiff(s)

v.

St. Joseph County Jail et, al

Defendant(s)

Civil Action No. 3:19-cv-169

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Mrs. Coleman, Inmate Services
401 W. Sample St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Hoffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>	
DEFENDANT <u>St. Joseph County Jail et, al</u>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Mrs. Coleman, Inmate Services</u>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>401 W. Sample St. South Bend, IN 46601</u>			
SERVE AT		Number of process to be served with this Form 285	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of parties to be served in this case	
<u>Jeremy Hoffman Sr. #16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3/4/19</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.
Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail et, al
Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Nurse Jason LNU
401 W. Sample St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. # 16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Huffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>	
DEFENDANT <u>St. Joseph County Jail et, al</u>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT	Nurse Jason		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>401 W. Sample St. South Bend, IN 46601</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
<u>Jeremy Huffman Sr. #16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>		Number of parties to be served in this case	
		Check for service on U.S.A.	
		SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <u>Employee of Beacon Medical</u>	

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3/4/19</u>
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		No. _____	No. _____		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.

Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail et, al

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

U.S. Marshal Curtis LNU
Robert A. Grant Federal
Building and Courthouse.
204 S. Main St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Huffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>	
DEFENDANT <u>St. Joseph County Jail et, al</u>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Curtis LNU, V.S Marshal</u>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Robert A. Grant Federal Building and Courthouse</u> <u>204 S. Main St. South Bend, IN 46601</u>			
SERVE AT		SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<u>Jeremy Huffman Sr. # 16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>		Number of process to be served with this Form 285	
		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3/4/19</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date</td> <td>Time</td> </tr> <tr> <td></td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> </table>	Date	Time		<input type="checkbox"/> am <input type="checkbox"/> pm
Date	Time				
	<input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy					

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.

Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail et, al

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

U.S. Marshals Service et, al
Office of General Counsel
CG-3 15th Floor
Washington D.C. 20530-0001

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
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PLAINTIFF <u>Jeremy Huffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>	
DEFENDANT <u>St. Joseph County Jail et, al</u>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT <u>U.S. Marshals Service et, al</u>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Office of General Counsel CG-3 15th Floor</u> <u>Washington, D.C. 20530-0001</u>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
<u>Jeremy Huffman Sr. #16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>		Number of parties to be served in this case	
		Check for service on U.S.A.	
		SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

3/4/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.
Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail et, al
Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Deputy Holden
401 W. Sample St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

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PLAINTIFF <u>Jeremy Huffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>	
DEFENDANT <u>St. Joseph County Jail et, al</u>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT	{ <u>Deputy Holden</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>401 W. Sample St. South Bend, IN 46601</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
<u>Jeremy Huffman Sr. #16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3/4/19</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal ^a or (Amount of Refund*)

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.
Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail et, al
Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Nurse Karen LNU
401 W. Sample St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. # 16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

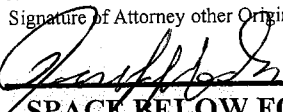
PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jeremy Huffman Sr.		COURT CASE NUMBER 3:19-cv-169	
DEFENDANT St. Joseph County Jail et, al		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT	Nurse Karen ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 W. Sample St. South Bend, IN 46601		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
Jeremy Huffman Sr. #16508-027 Federal Correctional Institution P.O. Box 4000 Manchester, KY 40962		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Employee of Beacon Medical			

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 		<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 3/4/19	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	
				Date	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)			<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode		
Address (complete only different than shown above)			Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	
			Signature of U.S. Marshal or Deputy		
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.
Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail et, al
Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Julie Lawson
401 W. Sample St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P.O. Box 4600
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Huffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>	
DEFENDANT <u>St. Joseph County Jail et, al</u>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT	Warden Julie Lawson ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>401 W. Sample St., South Bend, IN 46601</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
<u>Jeremy Huffman Sr. #16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3/4/19</u>	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
REMARKS:					

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.

Plaintiff(s)

v.

St. Joseph County Jail et, al

Defendant(s)

Civil Action No. 3:19-cv-169

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Nurse Lynn LNU, HRN
401 W. Sample St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Huffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>	
DEFENDANT <u>St. Joseph County Jail et al</u>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT	Nurse Lynn, HRN		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>401 W. Sample St., South Bend, IN 46601</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
<u>Jeremy Huffman Sr. # 16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <u>Employee of Beacon Medical</u>			

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3/4/19</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____
Date _____				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above)			<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)			Date _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
			Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits
Amount owed to U.S. Marshal* or (Amount of Refund*)				
REMARKS:				

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.
Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail, et, al
Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Beacon Health Ventures et, al
3355 Douglas Rd. Suite 100
South Bend, IN 46635

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-037
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Huffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>	
DEFENDANT <u>St. Joseph County Jail et, al</u>		TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Beacon Health Ventures et, al</u>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>3355 Douglas Rd. South Bend, IN 46635</u>			
SERVE AT		SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
		<u>Jeremy Huffman Sr. #16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3/4/19</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.
Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail et, al
Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Michael Grzegorek
401 W. Sample St.
South Bend, IN 46601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Huffman Sr.</u>		COURT CASE NUMBER <u>3:19-cv-169</u>
DEFENDANT <u>St. Joseph County Jail et al</u>		TYPE OF PROCESS
NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Sheriff Michael Grzegorek</u>		
SERVE AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>401 W. Sample St. South Bend, IN 46601</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<u>Jeremy Huffman Sr. #16508-027</u> <u>Federal Correctional Institution</u> <u>P.O. Box 4000</u> <u>Manchester, KY 40962</u>		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Fold

Signature of Attorney or Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>3/4/19</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Jeremy Huffman Sr.

Plaintiff(s)

v.

Civil Action No. 3:19-cv-169

St. Joseph County Jail et, al

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Christopher Hall MD
Beacon Health Ventures
3355 Douglas Rd. Suite 100
South Bend, IN 46635

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P. O. Box 4000
Manchester, KY 40962

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT TRGOVICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Jeremy Huffman Sr.

COURT CASE NUMBER

3:19-cv-169

DEFENDANT

St. Joseph County Jail et. al

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Christopher Hall, MD

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

3355 Douglas Rd. South Bend, IN 46635

Suite 100

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P.O. Box 4000
Manchester, KY 40962Number of process to be
served with this Form 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):St. Joseph County Jail on Saturday
Mornings.
401. W. Sample St.
South Bend, IN 46601

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

3/4/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
OriginDistrict to
Serve

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN District of INDIANA

Jeremy Huffman Sr.

v.

SUMMONS IN A CIVIL ACTION

St. Joseph County Jail et, al

CASE NUMBER: 3:19-cv-169

TO: (Name and address of Defendant)

James Tieman MD
Beacon Health Ventures
3355 Douglas Rd.
South Bend, IN 46635

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Jeremy Huffman Sr. #16508-027
Federal Correctional Institution
P. O. Box 4000
Manchester, KY 40962

an answer to the complaint which is served on you with this summons, within _____ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Jeremy Huffman Sr.</u>	COURT CASE NUMBER <u>3:19-cv-169</u>						
DEFENDANT <u>St. Joseph County Jail et, al</u>	TYPE OF PROCESS						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>James Tieman MD</u>							
SERVE AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>3355 Douglas Rd. South Bend, IN 46635 Suite 100</u>						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form 285		Number of parties to be served in this case		Check for service on U.S.A.	
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

ANY SPECIAL INSTRUCTIONS FOR THE MARSHAL

St. Joseph County Jail on Saturday Mornings.
401 W. Sample St.
South Bend, IN 46601

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

3/4/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED